



El Paso Health Medicare Advantage  
Exception Request Fax Form  
Fax: 915-298-7866 / UM Dept. 1-915 532-3778 ext. 1500  
Toll Free 1-833-742-3125

**NOTE:** Exceptions are based on information provided to El Paso Health Medicare Advantage at the time of request, it does not guarantee payment of benefits nor verify eligibility and is subject to all terms, conditions, limitations, and exclusions related to the member's eligibility and subsequent medical review. Regardless of exception request status, medical decisions concerning a course of treatment are solely between the physician and the patient.

<b>CIRCLE ONE:</b>	NEW REQUEST	ADDITIONAL INFORMATION	AMENDMENT	REFERENCE #:	_____
Include Reference No. & Additional Info for all Amendment requests					

### Requesting Provider, Facility or Representative

Date of Request: \_\_\_\_\_ Provider Name: \_\_\_\_\_ NPI #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Place of Service: \_\_\_\_\_ Request Type: ☐ Standard ☐ Expedited (Urgent)

### Patient Information

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Member ID: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Service Provider or Facility

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
NPI #: \_\_\_\_\_ Specialty: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Place of Service: \_\_\_\_\_ Address: \_\_\_\_\_

### Services Requested

**Check One:** ☐ Inpatient Services ☐ Office Treatment ☐ Observation ☐ Outpatient Services ☐ Behavioral Services  
☐ DME ☐ Home Health ☐ Hospice ☐ Other (Describe Services): \_\_\_\_\_  
Therapy (Circle One): ☐ ST ☐ PT ☐ OT Number of Sessions: \_\_\_\_\_ Duration: \_\_\_\_\_

### EXPECTED DATE OF PROCEDURE:

Start Date:

End Date:

ICD-10 Code

CPT Code

Units/Encounters

CPT Code

Units/Encounters

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____

To avoid delay with your requests, submit all pertinent clinical information along with the exception request form.  
Submit any additional documentation